

Getting

A person is running on a paved path covered in fallen autumn leaves. The person is wearing a bright pink long-sleeved shirt, black leggings, and light blue sneakers with purple laces. The background is a soft-focus view of trees with yellow and green leaves, suggesting an autumn setting.

Rely on homeopathy & natural medicine to help relieve pain, support you through surgery, and get you back up and running

by AMY ROTHENBERG, ND



Hip?

(replacement!)

When I was in naturopathic medical school in the early 1980s, it was uncommon for me to hear about patients having hip replacement surgery. Now it seems as common as getting your tires changed!

In fact, total joint replacement (hip or knee) has become one of the most frequently performed surgeries in the U.S. and the most common surgery covered by Medicare. Researchers say that in 2010 there were 2.5 million people living with artificial hips, and that number has surely risen by now. As baby boomers grow older and live longer, hip replacements will become ever more commonplace. So it's nice to know that homeopathy, alongside other naturopathic approaches, can be used to good effect to support hip replacement patients—before surgery, immediately afterwards, and during the rehabilitation process—to help ensure the procedure is as successful as possible.

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Never too early to get hip?

With ongoing innovations in surgical technique and implant design, outcomes of surgery have improved greatly over the years. Most patients report a better quality of life after hip replacement surgery, and according to the American Association of Orthopaedic Surgeons, serious complications now occur in less than 2% of patients. While the standard recommendation in years past was to wait as long as possible before choosing hip surgery because the replacement parts did not last, today's implant parts are more durable, so people are opting for surgery earlier in life.

The modern-day emphasis on getting people to exercise more strenuously has had many positive effects. Negative effects, however, include wear and tear on weight-bearing joints including the hip. This is one reason why we see younger and younger people, unwilling to accept ongoing discomfort or interference with an active lifestyle, choose to have this operation. An increase in obesity in recent years, with the consequent extra load on weight-bearing joints, has also contributed to younger people having joint replacement surgery.

The most common reasons to have a hip replaced are osteoarthritis, rheumatoid arthritis, and/or a history of trauma to the area—each of which leads to marked pain, reduced range of motion, and decreased capacity for walking, exercising, and the activities of daily living. An X-ray of the hip must show substantial damage to the joint from one of these processes before an orthopedic surgeon will perform total replacement. The operation involves removing damaged areas from the head of the thigh bone and damaged cartilage from the surface of the hip socket and then inserting metal, plastic, and/or ceramic components to create a smooth gliding surface for the joint.

Conventional pain relief

Many hip pain patients are taking over-the-counter or prescription painkillers to get through their days. For some, the effect is excellent, for others, less so. And oftentimes, side effects of non-steroidal anti-inflammatory drugs such as ibuprofen, naproxen, and Celebrex® begin to

mount—from digestive issues (such as stomach pain or bleeding ulcers) to cardiac problems. Patients also develop tolerance to medications, especially if they are taking narcotic pain relievers, so higher dosages are needed to attain the same effect.

Injecting corticosteroids into the painful joint is another common treatment for hip pain. While this can provide welcome relief in the short-term, it can hasten the degeneration of joint cartilage if used too frequently. Generally, we understand that most side effects are dose-dependent; incorporating homeopathy and natural medicine approaches can help patients to reduce conventional medications and such troublesome drug effects.

Holistic help for hips

For many of my patients who eventually have a hip replaced, we have been working together to address pain, discomfort, and inability to move with ease for some time in advance of their decision for surgery. Whether or not surgery is imminent, my typical first step with any patient with hip pain is to take a complete homeopathic case and prescribe broadly for the whole person (i.e., constitutionally), taking into account their joint pain as well as their other mental, emotional, and physical symptoms. In my experience, this will offer them the most benefit in the long run, as it can address more than just their hip pain. For example, a well-prescribed constitutional remedy may improve a person's anxiety, headaches, digestive complaints, and insomnia—as well as their hip pain.

Sometimes, however, a person may experience global improvement in their health after a constitutional remedy but little or no improvement in their hip pain. In such cases, I might prescribe a homeopathic remedy with a narrower sphere of influence directed more specifically at the hip pain. Sometimes the homeopathic remedy along with supportive naturopathic approaches provide the person with enough relief that they decide they'd rather do without surgery; at other times, natural medicines buy a person extra time, but their joint eventually degenerates to the point that surgery seems to be their best option.

I recall one patient, Emma, who com-

plained of hip pain from the start of our work together nearly 20 years ago. She did well overall with the constitutional homeopathic remedy, *Natrum muriaticum*. It helped relieve her chronic headaches, her tendency for depression, and, to some degree, her hip pain. Emma also worked with a chiropractor, had orthotics custom designed, and began gentle yoga, all of which seemed to help the hip pain, too.

As decades passed, however, Emma's hip pain became more noticeable again and eventually grew worse. Diagnostic imaging showed severe degeneration of the joint. We worked together to make sure she was eating an anti-inflammatory diet and taking botanicals to help reduce the pain and inflammation. I also gave her the remedy *Bryonia*, because her pain was much worse with motion, and she had grown more irritable with her discomfort—keynote indicators for this remedy. After some months of severe discomfort where the natural medicines and homeopathy were helping somewhat but not enough, I encouraged Emma to explore hip replacement, ensuring her that we would use natural medicines to

Many hip pain patients are taking over-the-counter or prescription painkillers to get through their days.

support her before, during, and after surgery. She ultimately chose to have her hip replaced, sailed through the surgery, worked hard on recovery, and thoroughly regained her mobility.

Remedies to target hip pain

When the constitutional remedy aimed broadly at “the whole person” has not worked or not worked enough to address a person's hip pain, here are the main remedies I consider:

Bryonia alba - Where the pain is worse from motion and somewhat improved by compression and by rest. The patient tends to be dry, thirsty, constipated, and irritable.

Ledum palustre - I think of this remedy when the patient feels better with cold applications. One of my patients was so improved in cold water, she would spend hours at her local YMCA pool for the relief she felt. The pain tends to be worse at night

and worse as the person heats up in bed.

Rhus toxicodendron - Pains feel worse at first movement and improve as the person gets going. Damp weather will make the pain worse.

Colocynthis - Tendency towards crampy pain, better with heat. The pain may move down the leg and is better with warmth and pressure.

Hypericum - I think of this remedy for strong shooting pains or neurological pains in the hip area in general.

Calcarea carbonica - While this is often a more constitutional remedy, it can also be used in the acute setting where there is arthritic swelling that is worse with exposure to cold. The patient wants to keep moving and doing things, but they quietly suffer with the pain.

Colchicum - The pain is worse by touch, by too much motion, and by mental work. The patient feels better with warmth and rest.

Beware: Chronic Pain & the Opioid Epidemic

In writing this article about people with chronic hip pain who eventually opt for hip replacement surgery, I would be remiss if I did not touch on the opioid crisis. Anyone who listens to, reads, or watches the news knows that there is a galloping opioid epidemic in the U.S. In 2012, physicians wrote 259 million prescriptions for opioids—more than enough for each American adult to hold their own bottle of pills.¹ More to the point, four out of five new heroin users began their addiction roller coaster misusing prescription painkillers.² Drug overdose is now the leading cause of accidental death in the U.S. with opioid overdoses making up the bulk of those deaths. In 2015, there were 20,101 overdose deaths from prescription painkillers, such as hydrocodone or oxycodone, and 12,990 deaths from heroin.³

While some hip pain patients who arrive at my door are already taking opioids to relieve their day-to-day pain, many more will

first receive an opioid prescription immediately after their hip replacement surgery. When absolutely indicated and used judiciously, these drugs can be very useful. But there are so many ways the use of opioids can go wrong, and patients can easily become addicted. I wrote up a disturbing case of this exact occurrence and how I successfully treated my patient, a lovely 70-year-old grandmother of eight, who'd had knee surgery and become addicted to opioid painkillers as a result. Please see “The Accidental Addict: America's Hidden Opioid Epidemic—Homeopathy's role in pain treatment and recovery from addiction,” in the Summer 2016 issue of *Homeopathy Today*.

www.nesh.com/wp-content/uploads/2011/08/Opiates-and-Addiction-Summer-2016.pdf

So, it's not only important for national prescribing practices to change, which is happening state by state; we also need to be able to offer better options in pain management and options that work! I am increasingly motivated to support my patients who suffer with all kinds of physical pain, including hip pain, to help prevent their starting on opioid medications. Homeopathy and other natural medicines can play a key role. If you'd like to read more on the natural medicine perspective on the opioid epidemic, you will find many links on the New England School of Homeopathy website here: www.nesh.com/opiates

¹ Centers for Disease Control and Prevention. (2014). Opioid Painkiller Prescribing, Where You Live Makes a Difference. Atlanta, GA: Centers for Disease Control and Prevention. Available at www.cdc.gov/vitalsigns/opioid-prescribing/.

² Jones CM. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers - United States, 2002-2004 and 2008-2010. *Drug Alcohol Depend.* 2013 Sep 1;132(1-2):95-100. doi: 10.1016/j.drugalcdep.2013.01.007. Epub 2013 Feb 12.

³ Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths - United States, 2010-2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445-1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm65051e1>



If you move blood to and away from the feet, it necessarily has to pass the hips!

More help for hip pain

As mentioned in Emma's case, in addition to treating with homeopathy, I work to address underlying causes for hip pain, such as inflammation, by encouraging an anti-inflammatory diet. I also recommend botanical medicines and supplements that reduce inflammation and support healthy connective tissue. (More details about these suggestions appear in the next section under "Preparing for surgery.")

I make recommendations or referrals for physical therapy and exercise, as well as other bodywork as appropriate, often relying on word of mouth from other patients from a particular geographic area. Some approaches I've suggested include chiropractic, Alexander Technique, Bowen Therapy, massage therapy, Neuromuscular Therapy, Myofascial Release, Trigger Point Therapy, acupuncture, and the list goes on! I do not have a personal favorite, as it is very individualized to the patient, with no single approach that is good for everyone. I do ask patients to discontinue such care if they feel worse afterwards.

For my heavier patients, I underscore other medical providers' recommendations around weight loss. Carrying extra weight puts additional stress on the joints and leads to more pain. Future hip replacement surgery, recovery, physical therapy, and enduring healing will be easier for those at a more healthy weight.

I also work with smokers to stop

smoking. We know that smoking reduces blood flow and interferes with health in general. And if future surgery is likely, I remind patients that smokers have more complications in general, during and after surgery, than non-smokers.

Preparing for hip surgery

Here are some additional measures I recommend for patients who have made the decision to get their hip replaced:

- **Get expert homeopathic support.** If there are no other pressing symptoms that need attention, I give the patient a dose of their homeopathic constitutional remedy to help them on all levels, as mentioned earlier.

- **Eat anti-inflammatory foods.** I review with my patients the general attributes of an anti-inflammatory diet and its positive effects on joint pain and inflammation, whether from underlying arthritis or hip replacement surgery itself: plentiful fresh vegetables and fruits, beans and nuts, whole grains (but not flour), cold water fish, and fresh herbs and spices. I also recommend pomegranate juice, which is anti-inflammatory—4 ounces a day (dilute to taste or add sparkling water).

For more specifics, I direct them to online sources, such as this explanation of an anti-inflammatory diet on Dr. Andrew Weil's website: www.drweil.com/diet-nutrition/anti-inflammatory-diet-pyramid/dr-weils-anti-inflammatory-diet/

- **Take natural anti-inflammatories.** Until a week before surgery, I suggest that patients take the supplement curcumin, 500 mg three times a day, between meals if possible, for its anti-inflammatory properties, and fish oil, 1000 mg per day. I also suggest they take botanical medicine combinations known to decrease inflammation; patients can ask at their local health food store for the best herbal pain combination (which probably contains botanicals such as bromelain, willow bark, boswellia, and devil's claw). Because these supplements may be mildly blood thinning, they should all be stopped one week before surgery—we don't want to risk any complications from excessive bleeding.

- **Eat bone broths.** I suggest patients add bone broths to their diet, which are essentially soups made from chicken or

other meat/fish that have been cooked for a long time—8 to 10 hours or more—with bones in. Patients can start bone broths at any time, but I especially recommend them for a few weeks before surgery and then for at least six months afterward. Bone broths help to bolster immunity, improve digestion, and promote healing, offering an easily absorbed stew of nutrients, collagen, and protein/amino acids.

When making bone broth, do not scoop off the fat because that's where many of the goodies are found. I encourage patients to make a big batch and cool, strain, and store in small containers in the freezer, aiming to consume three to four cups per week. This can be used as a soup with rice or veggies thrown in or taken alone as a warm drink or added when cooking other foods. I have been known to make my morning oatmeal in part water, part bone broth! In addition to the nutritional benefits, bone broths are comfort foods for many people. Every culture has its bone broths for a reason! (Here's a link to my chicken soup recipe. Follow these directions except cook 8-10 hours: www.nhcm.com/resourcesfurther-reading/recipes/19-topic-soup-recipes/63-chicken-soup.html)

• **Eat cultured foods.** I also recommend including cultured foods in the diet, such as sauerkraut, kefir, yogurt, kombucha, and miso, which help to diversify and make more robust the bacterial flora in the gut. This helps decrease the risk for infection after surgery. Taking a probiotic supplement is a good idea for the same reason.

• **Engage the brain in healing.** I encourage my patients to put the brain to use. Positive imagery and/or guided meditation or mindfulness meditation can be so helpful to both address pain and to promote healing. I provide online resources for my patients. Here are some that they

enjoy: www.healthjourneys.com/Store/Products/Ease-Pain-Health-Journeys/18

Or some free ones here: www.marc.ucla.edu/mindful-meditations

• **Keep moving.** I urge my patients, before surgery, to keep moving as much as they are able. Oftentimes being in water—for swimming, water aerobics, or even just water walking—will be easier than other forms of land exercise, as joints bear less weight in water. And like any exercise, water exercise helps keep the blood moving, which is so important in preparation for post-surgical healing. Being better perfused (i.e., with body fluids flowing well through every part of the blood and lymphatic system, even at the level of the capillaries) amplifies all the other good work a patient is doing. For instance, if you are eating well, taking your supplements, and using positive imagery, then moving your conceivably healthier blood to all the places it needs to go stretches the positive impact of all the good choices you've made.

Homeopathy in the hospital

In advance of a patient's scheduled surgery, I send them home with *Arnica* 1M to bring to the hospital, and ask them to take a dose as soon as they are out of surgery and oriented. I often suggest that a caregiver or family member be responsible for giving it. In addition, I recommend *Arnica* 1M once a day for three days after surgery to help reduce swelling and promote healing. (Although I advise *Arnica* routinely after surgery unless another remedy is indicated, I do not recommend taking it *before* surgery.)

Based on my understanding of a patient's health and surgical history, I may send other remedies with the patient. For instance, if I have a patient who tends to bleed easily, I might send along the remedy *Phosphorus*, since it can help to reduce excessive bleeding or address the after-effects of bleeding.

If I have a patient who does not tolerate pharmaceuticals well, I might send to the hospital *Nux vomica*, since this remedy can help address drug side effects or overall poor

I also recommend pomegranate juice, which is anti-inflammatory—4 ounces a day.

feeling from the onslaught of numerous medications, anesthesia, etc. In a patient with a history of anxiety who has responded well in the past to *Arsenicum album*, I might send a dose of that in case they need help alleviating pre- or post-surgical anxiety. For a patient with a history of difficulty coming out of anesthesia with much sleepiness and grogginess, I might send a dose of *Nux moschata*.

One patient of mine with such a history was Robert, who was groggy for hours and somewhat “out of it” for days after past surgical procedures. He was also cotton-mouthed and disoriented. When he was going in for his hip replacement, I sent him with a dose of *Nux moschata* and asked his partner to give it to him right when he woke up. Robert came out of anesthesia much better this time, in a more typical fashion. He was pleased to feel more alert than after past surgeries and therefore more ready to participate in bedside rehab, which starts soon after surgery. (For further information about using homeopathy for treatment of common situations that arise in hospital settings, see my article in the Summer 2013 issue of *Homeopathy Today*: “Hospital Stay? Let Homeopathy Ease Your Way!”)

Recovery & rehab

To speed recovery, patients are encouraged to be up and about very soon after surgery, with physical therapy beginning almost immediately. I support patients during this time with recommendations for good nutrition, including eating adequate animal protein, which can help promote tissue healing. I strongly encourage the reduction of refined carbohydrates, simple sugars, and alcohol, all things that will *not* promote healing. I want to support gut health, good nutrient absorption, and



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healthy elimination, which means a continuation of the anti-inflammatory diet and some of the supplements and healthy lifestyle habits mentioned earlier.

Once the patient is sufficiently stable and able to swivel the hip a bit to move the feet from a seated position, I suggest alternating hot and cold foot baths to enhance circulation to the lower extremities. If you move blood to and away from the feet, it necessarily has to pass the hips! I recommend the hot water be as hot as the person can tolerate and the cold be with a tray's worth of ice: two minutes hot alternating with five seconds cold, back and forth eight to ten times, ending on cold. Dry the feet well. This process will also amplify all the other good things my patients are doing/taking/eating simply by improving the body's overall circulation. I only hesitate to recommend hot and cold foot baths with diabetic patients who may have compromised sensation in the feet. I don't want anyone to burn themselves. Also, if someone is not stable enough, sidestep this recommendation.

I prescribe homeopathic remedies as indicated for pain, discomfort, constipation (often due to opioid pain medications, see sidebar on page 37), headache, or downward shifts in mood. When patients get frustrated or discouraged during the challenging rehabilitation process or if they are making slower progress than they'd hoped for, I may offer a homeopathic remedy to lift the spirits and help them recommit to the rehab effort, assuring them that the hard work of physical therapy will pay off. If there are no out-of-the-ordinary concerns or challenges during a patient's rehabilitation, I may prescribe a dose of their constitutional remedy to help promote ongoing healing and recovery in general.

Three new hip stories

• **Lori**, a 70-year-old grandmother, came to me after her first hip replacement, knowing she would have the other side done the following year. Lori was doing well enough and increasing her walking in rehab, but she suffered with low back pain since the surgery, likely from her body realigning after years of favoring the other side. The back pain made her

restless and irritable. It had that typical creaky-gate symptom of being worse on first motion and better with moving. She responded well to *Rhus toxicodendron* over the course of some weeks and was able to increase her mobility greatly, now that her back had stopped hurting. She set her sights on losing even more weight, as she was still about 30 pounds over her goal. She knew being lighter and more agile would help to reduce the stress on both her brand new hip and on the remaining original! It would also put her in better shape for weathering her next procedure.

• **Liana**, a 55-year-old lawyer, had a hip replaced and, unfortunately, experienced complications, including an infection in the area. She had not been a patient of mine before surgery but came to me afterwards. She had been on intravenous antibiotics in the hospital, which successfully addressed the infection in her hip joint, but she then developed *C. diff* (*Clostridium difficile*), a challenging infection to treat; symptoms include inflammation of the colon, copious diarrhea, and exhaustion. With all these unexpected complications, Liana was feeling totally defeated and in need of tremendous encouragement from her parents, her husband, and me! She felt exceedingly warm in general and felt worse from heat. She had little thirst, in spite of the diarrhea, and had a hard time staying hydrated with all the loose stools. I gave her *Pulsatilla* because it fit her symptoms of feeling very emotional and easily moved to tears with a desire for company and encouragement, thirstlessness, and feeling warm. I also advised her on naturopathic approaches related to healing the gut and replenishing a more diverse and robust bowel flora.

Liana perked right up over the course of one week. As her diarrhea diminished over the next several weeks, she regained her self-agency and put her attention back to her physical therapy, which had been postponed because of the infections. She was grateful to have avoided further antibiotics (the standard treatment for *C. diff*) and other possible complications from the infection, so she could get back on track to full rehabilitation.

• **Jim**, an avid runner and a long time patient of mine, had completed scores of



She knew being lighter and more agile would help to reduce the stress on both her brand new hip and on the remaining original!

marathons and half-marathons. And he had ground his hip to the bone. At 48, he was told by orthopedic doctors to stop running, as his hips couldn't take it anymore. He switched to biking, which was better, but the damage had been done. At 50, when he was having pain on walking, he decided to have a hip replaced. I gave him a dose of his constitutional remedy for good measure, and he followed my surgical prep advice (as described in this article) to a tee. Jim recovered well and never looked back. Now at a lively 60, Jim continues to do well. Much to my dismay, he is cleared by his orthopedist to run, but he limits himself to two to three miles, three days a week. He has taken up recreational kayaking and competitive

swimming and seems strong and happy to have a hip that works and gives no pain.

Hip hooray

Of course every person is different, and no one can be certain how a hip surgery and recovery will ultimately turn out. But with all the advances that continue to be made in the field of orthopedics, I strongly encourage patients with long-standing or severe hip pain who are candidates for hip replacement to research the subject thoroughly and consider it as an option. Going into such an adventure with knowledge and understanding of all the things you can do, including homeopathy, to assure a good

outcome, should offer confidence about having a successful experience with hip replacement surgery.

ABOUT THE AUTHOR



Amy Rothenberg, ND, the American Association of Naturopathic Physicians 2017 Physician of the Year, practices in Connecticut www.nhcmcd.com. She blogs for the *Huffington Post* www.huffingtonpost.com/amy-rothenberg-nd/ and authored the book, *The A Cappella Singer Who Lost Her*

Voice & Other Stories From Natural Medicine. Dr. Rothenberg and her husband Paul Herscu, ND, MPH, teach through the New England School of Homeopathy www.nesh.com, with new courses beginning in 2018. She raised three wonderful children and can often be found in her art studio, in the garden, and on the ballroom dance floor.



World Homeopathy Awareness Week 2018 Needs You

Theme: Homeopathy for Pregnancy and Childbirth

World Homeopathy Awareness Week—April 10-16—was created in 2004 to promote homeopathic awareness all around the world. Every year during this week, homeopaths and friends of homeopathy come together to share with the world the miracles of homeopathy.

Homeopathy for Pregnancy and Childbirth is the theme for 2018, and the non-profit, all-volunteer World Homeopathy Awareness Organization is requesting related content to share with its member countries.

Please send stories of your experiences, research papers, pictures, and other materials that WHAO can freely share with other member coun-

tries. Submitted items should be in publishable format, with all permissions granted and no concerns of copyright infringement.

In coming months, WHAO will also make brochures and flyers available, so you can promote World Homeopathy Awareness Week 2018 in your area.

Send submissions to:

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